

# Congress of the United States

Washington, DC 20515

June 6, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Verma:

Colorectal cancer is the second leading cause of cancer death in the United States. In 2019, more than 145,000 Americans will be diagnosed with colorectal cancer and approximately 51,000 will die from the disease.<sup>1</sup> Mortality rates are highest among men, African-Americans, American Indians/Alaska Natives, and individuals in Southern and Midwestern states.<sup>2</sup>

Providers have the tools to both prevent colorectal cancer and detect it during early stages, when treatment is most successful. One of the most effective preventive services is a screening colonoscopy, which allows for the early detection and removal of polyps that could become cancerous. When caught early, colorectal cancer has a 90 percent five-year survival rate.<sup>3</sup>

That is why we urge the Centers for Medicare and Medicaid Services (CMS) to use its existing authority to eliminate coinsurance for preventive colonoscopies for Medicare beneficiaries, even in cases when a polyp is removed. Eliminating out-of-pocket costs associated with colorectal cancer screening would help increase access for Medicare beneficiaries to this potentially life-saving service.

Under current law, seniors covered by Medicare are eligible for colorectal cancer screenings without cost sharing. However, if a physician takes further preventive action during the screening colonoscopy, such as removing a polyp, the procedure is billed as “diagnostic” rather than a “preventive service.” When this happens, Medicare patients face a surprise bill after the screening procedure despite the fact that it is impossible to know in advance if a polyp will be discovered and removed during a screening colonoscopy. Medicare requires that patients without supplemental coverage make a 20 percent coinsurance payment if a polyp is removed during a screening colonoscopy, which can cost seniors as much as \$350 depending on the site of service.<sup>4</sup> The potential for this unexpected bill may lead Medicare beneficiaries to avoid this highly effective method of colorectal cancer prevention.

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<sup>1</sup> American Cancer Society. *Cancer Facts and Figures 2019*. Atlanta: American Cancer Society; 2019.

<sup>2</sup> Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. *CA Cancer J Clin*. 2019; 69(1):7-34.

<sup>3</sup> American Cancer Society. *Cancer Facts and Figures 2019*. Atlanta: American Cancer Society; 2019.

<sup>4</sup> Cost estimates provided by The American Gastroenterological Association.

Due to its proven effectiveness, the United States Preventive Services Task Force (USPSTF) gives colorectal cancer screenings an “A” rating and strongly recommends such screenings for individuals between the ages of 50 and 75.<sup>5</sup> Under current law, CMS has the authority to waive Medicare coinsurance for preventive services that are recommended with a grade of A or B by USPSTF.<sup>6</sup> Neither USPSTF nor CMS have limited the definition of screening colonoscopies to only include screening colonoscopies without polyp removal. In contrast, guidance from the Center for Consumer Information & Insurance Oversight (CCIIO), consistent with USPSTF’s recommendation, states that polyp removal is an integral part of a screening colonoscopy.<sup>7</sup> Additionally, CMS may waive coinsurance requirements for “colorectal cancer screening tests” defined under Section 1861 of the Social Security Act (SSA).<sup>8</sup> This definition includes “screening colonoscopy” without specifying that such screening shall be limited to those where polyp removal does not occur.

CMS also has the authority to waive cost sharing requirements for “[s]uch other tests or procedures, and modifications to tests and procedures under this subsection, with such frequency and payment limits, *as the Secretary determines appropriate*, in consultation with appropriate organizations.”<sup>9</sup> Therefore, the Secretary could take steps to consult with appropriate organizations and confirm that waiving coinsurance requirements for screening colonoscopies that result in polyp removal is an appropriate “modification” to the relevant definition.

Finally, current law provides CMS the authority to modify the Special Payment Rule Provisions of the SSA in Section 1834 “to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force,”<sup>10</sup> providing the Secretary further authority to waive coinsurance requirements for screening colonoscopies that include polyp removal.

Charging beneficiaries for screenings that result in polyp removal is confusing for both providers and patients. Moreover, this policy could be limiting access to colorectal cancer screenings among Medicare beneficiaries at a time when Medicare-aged individuals account for more than half of colorectal cancer diagnoses. We urge you to use your statutory authority to remove the coinsurance requirement when screening colonoscopies become diagnostic procedures. By making this commonsense fix to Medicare, we can improve health outcomes and save money for seniors and their families.

Sincerely,

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<sup>5</sup> U.S. Preventive Services Task Force. *Final recommendation statement colorectal cancer: screening*. Published June 2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2>.

<sup>6</sup> Pub. L. 111-148, title IV, § 4104(c).

<sup>7</sup> The Center for Consumer Information & Insurance Oversight. *Affordable Care Act implementation FAQs – set 12*. Q5. [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs12.html#Coverage of Preventive Services](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#Coverage%20of%20Preventive%20Services).

<sup>8</sup> Social Security Act. 42 U.S.C. 1395x. §1861.

<sup>9</sup> Ibid.

<sup>10</sup> Social Security Act. 42 U.S.C. 1395m. §1834.



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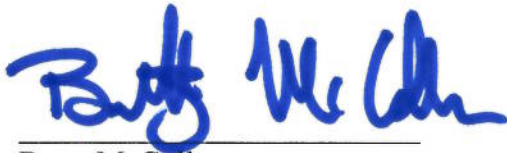
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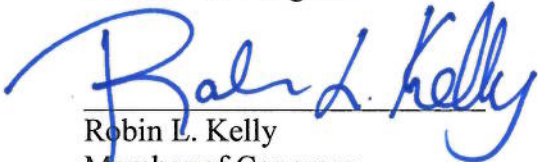
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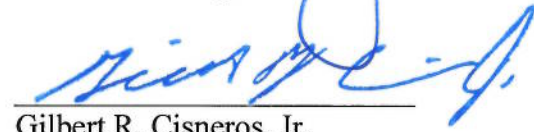
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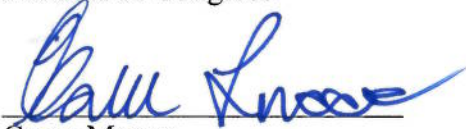
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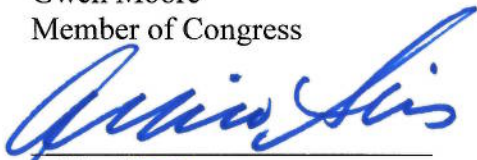
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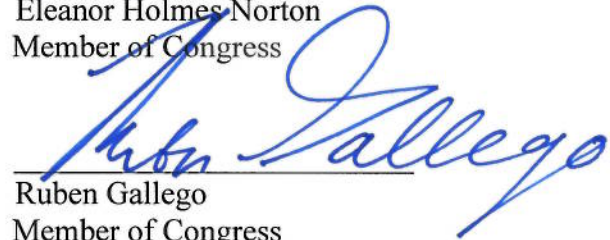
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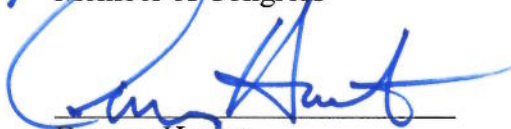
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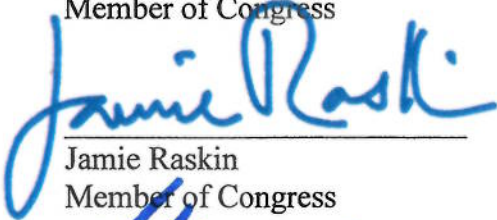
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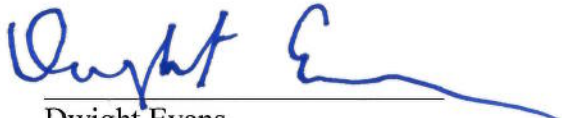
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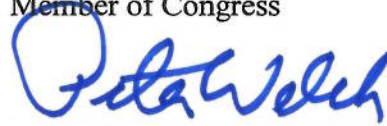
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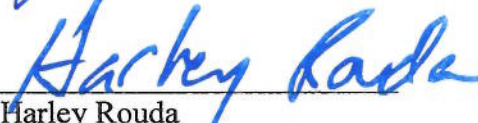
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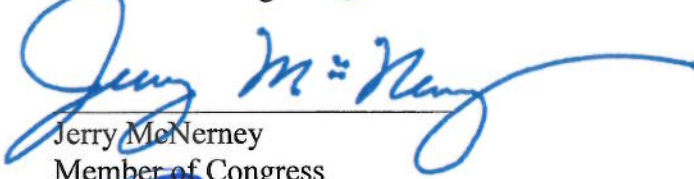
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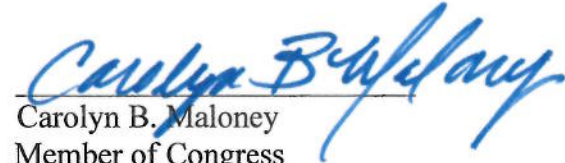
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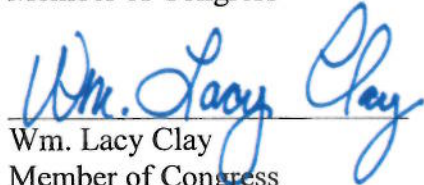
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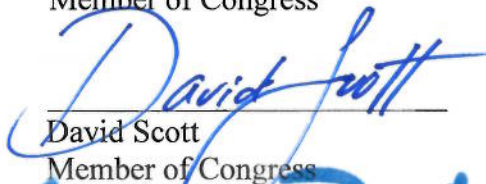
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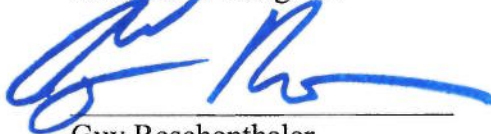
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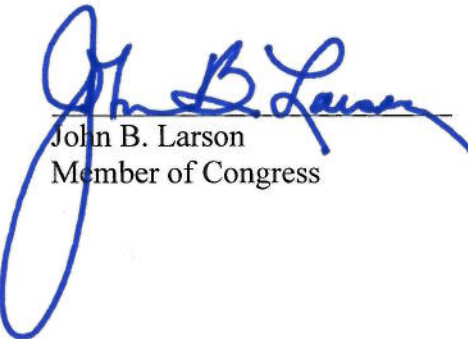
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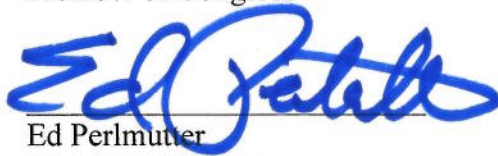
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